

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO.  | DATE      |
|---------------------------|----------|---------|-----------|
| FEE DETERMINATION         |          |         |           |
| O.I.P.E. CLASSIFIER       | R M      |         | 4.1.14.19 |
| FORMALITY REVIEW          | BZ       | TC3-883 | 11-26-01  |
| RESPONSE FORMALITY REVIEW |          |         |           |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here